

NAVAJO COUNTY AGENDA ITEM REQUEST FORM

| | | | | | | | | | | | |
|---|--|---|---|---|-------------------------------------|--------------------------------|--------------------------------------|------------------------------------|---------------------------------------|---------------------------------------|---------------------|
| Meeting Date: 4/28/2015 | Time Needed: CONSENT | | | | | | | | | | |
| Requesting Department: Health | Presenter(s) Name | | | | | | | | | | |
| Motion before the Board: NACCHO Grant | | | | | | | | | | | |
| Recommendation: Approve the amendment to continue funding the MRC | | | | | | | | | | | |
| Background: (why should it be done, what will happen if not approved, etc. include resolution) The grant provides the funding for the Navajo County Medical Reserve Corps. This Modification of Agreement is an amendment to the contract. Failure to approve it will result in the loss of funding for the MRC | | | | | | | | | | | |
| Fiscal Impact: (what will it cost, where funds will come from, is it budgeted, etc.) There is no match required. This is an amendment of an already signed contract with NACCHO to maintain the Medical Corps. | | | | | | | | | | | |
| Reviewed and approved by: | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">County Manager <input type="checkbox"/></td> <td style="text-align: center;">County Attorney <input type="checkbox"/></td> <td style="text-align: center;">Human Resources <input type="checkbox"/></td> <td style="text-align: center;">Finance <input type="checkbox"/></td> <td style="text-align: center;">IT <input type="checkbox"/></td> </tr> </table> | County Manager <input type="checkbox"/> | County Attorney <input type="checkbox"/> | Human Resources <input type="checkbox"/> | Finance <input type="checkbox"/> | IT <input type="checkbox"/> | | | | | |
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| <table style="width: 100%; border: none;"> <tr> <td colspan="5" style="text-align: center;">Board Action Taken</td> </tr> <tr> <td style="text-align: center;">Approved <input type="checkbox"/></td> <td style="text-align: center;">Denied <input type="checkbox"/></td> <td style="text-align: center;">No Action <input type="checkbox"/></td> <td style="text-align: center;">Continued <input type="checkbox"/></td> <td style="text-align: center;">Continued to: _____</td> </tr> </table> | | Board Action Taken | | | | | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> | No Action <input type="checkbox"/> | Continued <input type="checkbox"/> | Continued to: _____ |
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| Approved <input type="checkbox"/> | Denied <input type="checkbox"/> | No Action <input type="checkbox"/> | Continued <input type="checkbox"/> | Continued to: _____ | | | | | | | |
| Approved with changes as follows: _____ | | | | | | | | | | | |
| Clerk's Notes | | | | | | | | | | | |
| Date: | Initial: | | | | | | | | | | |

REMINDER: Email this coversheet and all backup documentation to **BOS.Clerk** by **Noon the Tuesday** before the BOS meeting.

NAVAJO COUNTY

Modification of Agreement

NACCHO: Medical Reserve Corps

Ryan Cluff: Emergency Preparedness Manager

4/15/2015

This is a recurring grant which funds the Medical Reserve Corps. at \$3,500 per fiscal year. The grant has already been approved, signed and is currently in effect. This Modification changes the funding source for the grant to Department of Health and Human Services.

Modification of Agreement

This Contract Agreement Modification is entered on the subscribed day by the **National Association of County and City Health Officials** (hereinafter referred to as "NACCHO"), 1100 17th St., N.W., 7th Floor, Washington, D.C. 20036, [(202)783-5550, (202) 783-1583 Fax], and the following Contractor, hereinafter referred to as "Contractor:"

| | |
|--------------------------------------|-----------------------|
| Navajo County Public Health District | 866000541 |
| Contractor | Federal Tax ID Number |
| 117 E Buffalo St | |
| Address | |
| Holbrook, AZ 86047 | 9285244000 |
| City, State and Zip | Phone |

WHEREAS, the parties entered into an Agreement on the ____ day of **Jan, 2015**; and,

WHEREAS, the general purposes of the Agreement are unchanged; and

WHEREAS, both parties wish to make modifications to the Agreement, as described below;

THEREFORE, for the mutual consideration described in the original Agreement, the parties hereto agree to the modifications below through the signatures of the person(s) who have the authority to bind the parties to the changes in this Agreement:

1. This Modification of Agreement, amends the funding source to the following: ***Department of Health and Human Services, GRANT# 1 HITEP150026-01-00, CFDA #93.008; entitled "Promote, Support and Build Capacity in the Medical Reserve Corp".***

NACCHO

CONTRACTOR:

Dawn P. Richardson, JD, MA
Senior Director, Grants and Contracts

Date

Name

Date

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